

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	66421	11/12/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	59227 21	11/15/99
FORMALITY REVIEW	<i>[Signature]</i>	59227	2/2/99

MP RESP

*[Signature]*

INDEX OF CLAIMS

5/12/99

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5-29-00
2	✓	✓	5-29-00
3	✓	✓	5-29-00
4	✓	✓	5-29-00
5	✓	✓	5-29-00
6	✓	✓	5-29-00
7	✓	✓	5-29-00
8	✓	✓	5-29-00
9	✓	✓	5-29-00
10	✓	✓	5-29-00
11	✓	✓	5-29-00
12	✓	✓	5-29-00
13	✓	✓	5-29-00
14	✓	✓	5-29-00
15	✓	✓	5-29-00
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47	✓	✓	5-29-00
48	✓	✓	5-29-00
49	✓	✓	5-29-00
50	✓	✓	5-29-00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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